

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
FACILITY SPECIFICATIONS
AND
PROPOSAL FORM

for the

Department of _____,
Division of _____
_____ County,
_____, Missouri

RFP No.

This document constitutes a Request for Proposal (RFP)
including prices from qualified individuals and organizations
to furnish net rentable square feet of leased office space
located in _____, Missouri, and should be located within the following boundaries: .

A pre-bid conference regarding this bid will be held on _____, at _____ a/p.m.
at the _____ office, _____, Missouri.

Attendance at this conference is highly recommended for those who wish to submit a bid.

Bidders should bring a copy of the specifications as this will be used as the agenda.

Bidders are strongly encouraged to advise the Division of Facilities Management
at least **five** days prior to a scheduled bid opening or
conference of any special accommodations needed for disabled persons who
will be attending the opening or conference so
accommodations can be made.

All questions regarding this Request for Proposal must be directed to:
_____, State Leasing Coordinator
Division of Facilities Management, Facility Leasing Section
Telephone # (573)
Facsimile # (573) 526-4138

All Proposals must be received no later than 1:30 p.m. on .

RFP No.

INDEX

BID PACKAGE FOR THE STATE OF MISSOURI

ATTACHMENTS

- A. Summary of Critical Information
- B. Office and Support Space Summary Form
- C. Agency Special Requirements
- D. Proposal Forms
- E. Definitions
- F. Instructions to Bidders
- G. Specifications for Office Space
- H. Janitorial Service Schedule
- I. Proposal Evaluation
- J. Bid/Evaluation/Award & Lease Process
- K. Sample State Lease
- L. Prevailing Wage Listing

RFP No.

ATTACHMENT A

SUMMARY OF CRITICAL INFORMATION

1. Location: _____
2. Square Footage Required: _____
3. Bid Opening Date: _____
4. Bid Surety Amount: \$ _____ Effective Date: _____ to _____
5. Performance Surety Amount: \$ _____
6. Target Date for Completion: _____ Target Date for Occupancy: _____
7. Term of Lease: _____
8. Number of Employees: _____
9. Total Number of Parking Spaces: _____ Number of Accessible Spaces: _____
10. Staff Restrooms: Male _____ Female _____ Unisex _____
11. Public Restrooms: Male _____ Female _____ Unisex _____
12. Number of Hi/Lo Water Coolers: _____
13. Number of Workstations: _____
14. AMP/BTU Data Requirements:

<u>SPACE</u>	<u>EQUIPMENT</u> <u>TYPE</u>	<u>NUMBER</u>	<u>AMPS</u>	<u>BTUs/HR</u>	<u>TOTAL</u> <u>AMPS</u>	<u>TOTAL</u> <u>BTUs/HR</u>
Data/Telecom	Controller/Modem					
Office	Terminals/Printer					

15. Growth will be built out as .
16. The Tenant agency will/will not install systems furniture.
17. Description of Program's use of Space: Hours _____
Number of Clients _____ Peak Periods of Traffic _____
Brief Description _____

RFP No.

ATTACHMENT B

(Office and Support Space Summary Form - As specified by the Department)

RFP No.

ATTACHMENT C

UPDATES TO SPECIFICATIONS

The following special requirements are in addition to the specifications listed in Attachment G, Specifications for Office Space. When a conflict occurs, the following specifications supersede the specifications listed in Attachment G.